



United States Air Force Medical Service Corps Newsletter



From the Corps Chief Brig Gen Michael W. Miller

Upcoming Events

- 11-15 Jul, MHS Capstone Course, Washington DC
- 17-20 Jul, ASHE, Seattle, WA
- 26-28 Jul, Medical Logistics Symposium, St. Paul, MN
- 7-10 Aug, AHRMM, Boston, MA
- 19-23 Sep, DT/Sr MSC Council, Randolph AFB, TX
- 23 Sep, Brig Gen Wagner Golf Tournament, San Antonio, TX
- 7-9 Oct, MSC Association Reunion, Scottsdale, AZ
- 17-21 Oct, Senior Leadership Conference, Leesburg, VA
- 31 Oct-4 Nov 4AX/MSC Appreciation Week

I'm not sure if it's a sweltering heat where you are stationed but Summer is in full force in D.C.!

Summer is also the time for DTs, PCS, and change. We are no stranger to change as we say farewell to Maj Jenkins who's completed his "sentence" as my exec and hello to Maj(s) Coleman in from McConnell as my new exec officer. I've truly been blessed with the execs I've had and Dan jumped right into the fire with both feet. A huge thanks to Kirk as he travels on to MacDill as the RMO Ft/CC. I also want to thank Maj Lesnick and Lt Col Simko for their great work for the Corps and to say hello to Maj(s) Gradiz and Lt Col DeWolf as they shoulder the Corps workload.

We're also saying farewell to some senior MSCs (see the list later in the newsletter). A couple of my Air Staff brethren, Rob Quinn and Joe Kennedy have been wonderful partners here in D.C. for the past few years and I thank them both for making my life much easier in the Washington AOR. You haven't lived the full life until you've been a Colonel at Air Staff. ☺

The base/MTF visits have been fewer for me this quarter but we've covered much ground with visits to IES, USU, AFMOA, Randolph Clinic, the

last 4A1 graduation and last HSA class at Sheppard AFB and the GO Management Seminar (where I learned all about life after active duty). I was also honored to speak at the National Mall. As the Air Force representative, I was part of the first 'Honor for All' celebration, where tribute was paid to those suffering from the "invisible" wounds of war. Looking back, I realize my Grandfather, a WWI & WWII veteran most likely suffered from PTSD. Honor is truly due to all who serve.

In this edition of the newsletter, you'll read Maj(s) Gradiz's testimonial about her first DT—I think sometimes we "DT'ers" don't realize some of the perceptions you have about the DT process. I've been a part of this process most of the time since its inception and I continue to be impressed at how hard the DT'ers work to ensure you are trained and equipped to take on our important mission. It won't be long before the results will be announced and I'm thankful for all of the Supervisors, Administrators, and Commanders out there who care enough to appropriately capture your accomplishments and to let us know their thoughts about your performance, capabilities, and potential. The DT process is very effective—please pay attention to the feedback and put into practice those suggestions we



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give in the DT webinar sessions.

There is much to do in the coming few months—promotion boards, another DT, the AFMS Senior Leader Conference, a visit to PACAF bases, MSC Association Reunion, AAMA, AMSUS, the Program Budget Review Process, startup of the FY14 POM—to only name a few. As always, it is my pleasure to see you and spend time in your "neighborhood."

Thanks for all you do for our great Nation—it is an honor to serve with you. I'm proud to be an MSC.

From the Corps Director Col Perry R. Cooper



Col Cooper serves as the Chief of the Medical Personnel and Data Management Division, Office of the Surgeon General, Arlington, VA

Over the last couple of months I've had the opportunity to attend the Health Services Administration (HSA), Intermediate Executive Skills (IES) and new Colonels' Orientation courses where MSCs in the early, mid and later stages

of their careers were being prepared for the challenges of the future. Consequently, I've participated in spirited discussions about the future of the AFMS and the skills and attributes MSCs need to be successful in that future. I'll devote this article to summarizing some of those discussions.

First and foremost, our mandate to support the warfighter and our beneficiary population is at the center of everything we do. Whatever the future holds, doing what's in the best interest of the AF mission and our patients are our primary concerns. As MSCs, most of us are involved in managing the processes and resources necessary to support the provision of care to our beneficiaries, and it seems likely that we'll be operating in a much more resource constrained environment in the future. The federal government is facing extraordinary pressure to reduce the size of the deficit, and our elected leaders seem poised to make some tough budgetary decisions. Among the discretionary, non-entitlement portions of the federal budget, the DoD budget looms as a large target, and military healthcare costs repre-

sent a large and growing part of the DoD's budget (nearly one tenth of the total base budget). While the incoming Secretary of Defense, Leon Panetta, has pledged that there will be no hollow force on his watch, the President has called for \$400 billion in reductions to the DoD budget over the next 12 years. Secretary Panetta has challenged us to "be disciplined in how we manage taxpayer resources." There will be increasing demand to find cost savings and efficiencies in our processes as we strive to ensure these cuts don't result in an unacceptable risk to the mission or patient care. In this challenging future it's critical that MSCs are poised and equipped with the right skill sets. Beyond striving to be experts in whatever functional area we work, following are the skills I see as essential for MSCs to acquire to be successful in the future:

The ability to be innovative - to devise creative, outside-the-box solutions to problems. MSCs need to have an entrepreneurial rather than a bureaucratic orientation to how we manage our organizations. We need to "own" the function, Flight, Squadron or Group we're responsible for and to manage it as such. We need to scrutinize every expenditure as if it were coming out of our pocket and to look for innovative ways to deliver value to our "customers".

Process improvement skills - These can involve application of techniques like Lean Six Sigma which break down complex processes to identify unnecessary or inefficient steps and reduce unintended variation. These techniques not only aid in improving processes but they can also assist leaders in discovering innovation opportunities. Therefore, innovation isn't necessarily the result of inspiration alone; it can result from the perspiration associated with the disciplined application of these management techniques.

Strategic Planning skills - The ability to

lead strategic planning efforts involving assessment of an organization's strengths, weakness, opportunities and threats leading to establishment of goals, objectives and action plans. Corollaries to strategic planning skills are Change Management and Strategic Communication. Change Management involves actions to overcome institutional inertia to lead an organization in a different direction, and Strategic Communication involves framing a strategic vision for an organization in a compelling way such that it enlists the support of key constituents.

Collaboration - The ability to work with others on common goals. Collaboration with our Sister Services, the VA, and our civilian partners will be essential in managing an increasingly diverse and interconnected healthcare delivery system for military beneficiaries.

How do MSCs acquire and hone these, and other, essential skills? By being lifelong learners—pursuing advanced degrees and professional military education; taking courses offered by professional organizations like the American College of Healthcare Executives, American Academy of Medical Administrators, Healthcare Information Management Systems Society and the like; pursuing Project Management Professional and Lean Six Sigma certifications; reading books and periodicals to stay abreast of trends in healthcare, leadership, world affairs, etc. These are just a few of the ways we can "sharpen the saw." I would encourage every MSC to have a plan for continual self-improvement and to challenge others to do the same.

With the skills we carry in our tool kit, I have no doubt MSCs will remain at the frontlines of leadership in every level of the AFMS—we will be equipped to tackle any challenge the future holds!

Did you know that per AFI 33-119 all network users are instructed not to auto-forward their E-mail?

- 1.8.10 Do not auto-forward E-Mail from the ".mil" domain to a local Internet Server Provider
- 3.10.2.3 Do not auto-forward official electronic messages to commercial Internet Service Providers from government computer systems

PREVENT UNAUTHORIZED INFORMATION DISCLOSURES!!!!

From the Associate Corps Director Lt Col Gigi Simko



Lt Col Simko serves as a Senior Analyst in the Medical Personnel and Data Management Division, Office of the Surgeon General, Arlington, VA

Happy summer! CONGRATULATIONS to the Lieutenant Colonel and Major selects! One of them is our very own Fellow, Capt Emirza Gradiz, who joined the Corps office in June. In addition, Lt Col Gregory DeWolf will take the helm as the new Associate Corps Director at the end of July. He brings an abun-

dance of Air Staff and command experience, and I ask that you join me in welcoming both of them.

These last few months have been busy with New Colonels Orientation and the Intermediate Executive Skills (IES) course, both excellent training venues for our new senior and mid-level leaders. As I pen this, the DT and Senior MSC Council are convening at Randolph, where they will select squadron command and developmental education candidates. And if you haven't heard, we had the last HSA graduation at Sheppard AFB, as the schoolhouse makes its way to METC.

On the SG1 Medical Force Development side, the Health Professions Education Requirements Board (HPERB), Flight Path, MSC Utilization & Redistribution project, MSC grades review, Five-

Year Promotion Plan and AFMS Awards relook are the hot issues. Whew!

As this is my last newsletter article, before I depart for cooler English weather, I'd like to wrap up with the top five lessons from my 4-year tenure at the SG's office. In parentheses, I give due credit to those who took the time to impart their wisdom:

1. Be patient--celebrate the small successes (Col Lary/Col Prentice)
 2. Be humble--you don't know what other people's records look like (Col Lew)
 3. Ask lots of questions--expect interesting answers (Brig Gen Miller)
 4. Be open to opportunities/alternate career plans (DT)
 5. Laugh often (fellow action officers)
- THANK YOU for the fantastic support. I wish you all the best! Sincerely, Gigi

From the Editor CAPT EMIRZA GRADIZ, Fellow, MSC Force Structure Management

WOW! What an incredible experience this Fellowship has been already. Yes, I speak from a whole four weeks of practice but if I could share just a day with you, you too, would appreciate the unbelievable amount of knowledge one day brings. As a Fellow, one is able to participate in many meetings, sessions, and events that provide a more global understanding of the Medical Service Corps.

After 15 years of active duty experience in MTFs, 8 of which have been as an MSC, I felt I had a fair understanding of "our world." Then I came to Air Staff. Two weeks later, I went TDY to Randolph AFB for my first Developmental Team (DT).

Based on prior conversations, the DT is a very abstract concept for most. Visions of a secret room with mysterious dealings come to mind. What I found was quite opposite. I was extremely humbled by the structure and integrity in the process; all aimed at shaping the Corps while providing every individual with a fair opportunity based on each record and demonstrated performance. Each record (SURF, OPRs, Decorations, AF 3849 and ADP) was reviewed and scored in its entire contents by each of the 19 DT members.

For the most part, each record's score correlated among Council members but if there were any disparate scores, they were followed by candid discussions to ensure

that each member was given a proper and fair review.

The SURFs provided an overview of where the member is assigned, whether or not the member is board certified, if member has AFSC prefixes, if education is complete (Masters Degree), whether PME is complete and if so, was it in-residence or via correspondence. Additionally, the duty history provided a glimpse of the experience broadening and bases a person has been assigned...the more the better. All of the above were taken very seriously by the DT--this one page document provided an initial overview, which was followed by a complete record review to present a concise

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You hear about it on news channels and read about it on newspapers: economy, defense bills, healthcare reform, social security, and campaigns. Courteous and concise letters to state representatives are one of the most effective ways Americans have of influencing bills and general policy. If you are interested in exercising your constitutional freedoms—get informed and get involved... visit www.house.gov. **NOTE: All views shall be expressed as your own and not representative of the AFMS.**

Continued: From the Editor

evaluation of the member.

You probably have heard over and over that the push line is the most important on an OPR. The push line alone will not form a whole person concept but it is highly considered. Stratifications, awards, rater and senior rater comments, the endorsement for your next position, and endorsement for PME play a significant part. With that, let me help clarify that stratification is a ranking of a member among his/her peers by rater and/or senior rater, preferably using a denominator. Earning an award does not earn a stratification (eg: CGO of the Year does not earn a #1/150 stratification because there were 150 CGOs in the MTF) unless the MDG/CC has ranked the member #1/150 in the Group-level stratifications. Moreover, a stratification is not just the number but rather what peer group you are being stratified with. The DT's focus is on well rounded officers, not just a great officer in one functional area.

The AF 3849 is extremely important because in lieu of the member and his/her commanders being present at the DT to personally voice their stance, this document speaks to the board about the member, extenuating circumstances, commander endorsement and/or concerns.

For example: If there is an unprecedented circumstance why a member has not completed his/her degree or perhaps completed it but not in time for the SURF to update before the board, the AF 3849 can explain that. AFPC will then validate the accuracy of the member's status and report instantly to the DT. On a similar note, if a member's record was reviewed by the DT in previous boards and PME was not complete at that time, the DT remarks "Needs to Complete PME" on the AF 3849. This information is provided to the member. If in a current review, PME is still not complete, this also speaks to the DT.

The ADP is also important. As far back as I remember, commanders have advised us to update these annually (upon meeting a board it is recommended your ADP is dated with the current calendar year, but at the very least within the last 12 months) yet many were dated 2009, 2008 and even 2006! Outdated ADPs were often disregarded because it was impossible to tell if the information was accurate.

Last, it is important to understand that the written record is as important as a member's reputation. Of 19 Colonels in the DT [trust me] everyone knows someone and someone will reference the level

of your integrity, service before self, and excellence... in a whole person concept. Sometimes at the lower levels, we think we are just one in many but rest assured your reputation far supersedes your immediate chain of command. It was amazing to me the level of detail discussed among the DT members.

Moreover, the DT has at the forefront planning for the future of the AFMS, so as they reviewed records and discussed reputations, they were not only looking at member preferences but where members can be assigned that will continue to build the leaders of tomorrow.

As a final thought, I share with you that the DT goes a long way to ensure they understand each member's record and performance. In the same fashion, AFPC works very hard to have the most updated records for all members and they are incredibly dedicated as your administrative liaison to the board. However, it is personal responsibility to update one's records and to convey, through chain of command, any concerns we face. Like anything else, it's teamwork.

I am very thankful for this Fellowship—best of luck to the next incumbent. It is a great experience! Emirza

4A X/MSC Appreciation Week 31 Oct — 4 Nov 2011



FLASHBACK 4AX/MSC Appreciation Week 2010

*Left: Fun at the
Dodgeball Court,
Osan AB*

*Right: Tour of the
Island, Lajes AFB*

*What will your
team activities be
this year? Start
planning now!*



Congratulations Maj Selects!!

BARKER, DAVID B	HARRIS, FRED L	ROBLES, VICKI K
BARTON, DANISHIA A	HENSON, ADAM G	RODRIGUEZ, JAVIER A
BEASLEY, MELISSA J	HOGGATT, TODD M	ROMAN, TODD M
BENTON, TERECA V	HUNTSMAN, KIRK D	ROSE, DAWN M
BING, JAMIE SUE	KAAUAMO, JAMIE M	ROUNTREE, JOSEPH H
BOSCH, RANDOLPH T	KAMBALOV, ALEXEI NMN	SCHMIDT, TIMOTHY A
BROCKMAN, MERRITT M	KELLETT, NATHAN T	SIMPSON, HEIDI P
BROWN, SCOTT A	KIM, SYLVIA CHIHYUN	SIMULICK, TANYA M
CAMILLERI, JAMES M	LAWSON, AMANDA M	SINCLAIR, STATWELL G JR
CARUTHERS, BRIAN M	LESLIE, JOSHUA J	STEWART, JAMES A
CASH, MARIABETHY PULIDO	LINDEKE, JORDAN H	TAYLOR, LEWIS RANDOLPH
CHAPMAN, KENNETH M	LIVENGOOD, RANDALL L	TELFER, THOMAS JASON
COFFIN, SHAWN M	LUEKER, CHARLES E	THOMAS, ALISON M
COLEMAN, DANIEL C	MACDONALD, PAUL E JR	TOMPKINS, JASON T
DENNIS, BONITA Y	MARTIN, STEPHEN W	TRAYLOR, ROBERT E
DETERING, KELLY LYNN	MATHEWS, CHRISTOPHER BARNAB	VANDERSCHAEGEN, NEVA J
DOZIER, JOI BLYTHE	MCCLENNON, RENEE A	VERGONIOWILLIAMS, MERLINDA
EMERSON, MICHAEL R	MORENO, WENDY J	WALSKI, GLORIA JEN
ERSKINE, IAN C	MUTHUVEERAN, MARLON A	WETHINGTON, TOBIE A
FERGUSON, DAVID A	NAVARRO, JOY U	WHALEN, JOCELYN M
FLEMING, STEVE V JR	OLIPHANT, PHILLIP D	WILLHARDT, LINDSEY KAY
FOX, STEVEN M	PERRY, LISA A	WINDLEY, THOMAS E
GRADIZ, EMIRZA G	QUENNEVILLE, BECKY K	YATES, RYAN K
GRUVER, RONICA S	RIVAS, DANIEL J	YELVERTON, TANYA R
HAN, CHANG M	ROBERTS, BRENDA TALINA	YUHAS, ANGELA M

There are 18 remaining Major selects for CY10A. There will be no increments in August or September. The next increment will be in October. The CY11 Major promotions will begin when all CY10A promotions are complete.

Congratulations Lt Col Selects!!

ADAIR, WADE B	FRENCH, RICHARD A	PLAHUTA, CAROLINE D
ALLEN, TRACY L	GRAVES, MARIA D	RADFORD, LYDIA A
ANGUS, SUSAN G	GREENAWAY, RONALD J	RHODES, EDWARD E III
ASHBY, NORA	GUMBISH, RODNEY A	RICHARDS, JONATHAN E
BEATY, JOYCE C	HARDMAN, ALAN C	RIGGINS, JENNIFER E
BELGARVIN, PAMELA	HENNING, ALISHA N	ROGERS, MARK W
BOWERS, JACQUELINE L	ISTVAN, JOHN J	RUSSO, AMY ELIZABETH
BREEDLOVE, WILLIAM CHADRICK	IVALL, RANDALL G	RYAN, ANDREA NIKITAMONA
BROWN, DAVID B	JOSEPH, CHRISTOPHER R	SCOTT, ALVIN JR
CARTER, TERA Y	KRAUCHUNAS, MATTHEW S	SIMPSON, BRYAN K SR
COLEMAN, GREGORY A	LEMON, TED C	SORTO, JOSE A
COLLADOVALENTIN, ANADIS	LUDESCHER, JAY T	STEWART, MARY E
COOK, JEFFREY N	LYNCH, ROGER E	VEEDER, JAY W
COORS DAVIDSON, SARAH A	MACKAY, KATHLEEN M	VENEGAS, ELIJIO J JR
CORBY, ROBERT A	MISNICK, PATRICK R	
DOMINGUEZ, MANUEL NMN	MOORE, ROYCE F	
DUSZA, STEPHANIE K	MULLEN, JAMES F	
FRANKLIN, TOMMY D JR	PERRY, KENNETH C	

Recent or Upcoming MSC Retirements

Thank you for your service · best wishes for a successful future

COL GREGORY ALLEN

COL JOHN LOPARDI

LT COL EDIE-KORLESKI

COL DAVID DOTY

COL LESLIE NESS

MAJ LOTTIE MOON

COL JOHN FLYNN

COL ROBERT QUINN

CAPT MICHELLE DES-ROCHERS

COL JOSEPH KENNEDY

COL LANE ROGERS

If we have missed someone, please let us know. We are not routinely notified by the personnel system and rely on informal channels including retirement letter requests. To request a letter from the Corps Chief, please go to <https://kx.afms.mil/msc>.

Wondering what to buy for the next promotion or farewell gift? Look no more!
Promote our MSC proud heritage

<https://kx.afms.mil/msc>

(LOOK FOR THE 'MSC MERCHANDISE ORDER' LINK UNDER NAVIGATION COLUMN)



"Legacy Coin" ...\$8



*"A decade of Traditions"
2001 MSC/4A0/4A1/4A2 Coin...\$8
Now \$5*



"Airmen's Creed Coin" ...\$8



*On sale
Land's End Polo Shirts...\$30
Now only \$25*

*Men's Dark Blue: M, L, XL, XXL
Lady's Light Blue: S, M, L*



AIR FORCE MEDICAL SERVICE CORPS ASSOCIATION

A group of active duty, Air Guard, Air Force Reserves and retired USAF Medical Service Corps Officers now totaling over 700. Membership is open to all active duty, reserve and retired members and their spouses. The Association supports the Medical Service Corps in many ways—they sponsor the AAMA and ACHE dinner to minimize costs to our members. They also sponsor awards like the "Team Builder" Award for the Health Services Administration Course. Moreover, the Association provides a way for all MSCs to stay connected, they support survivors in the event of the death of a member, and maintain focus on documenting the history of the Medical Service Corps.

<http://gsahrrmm.org/usafmscassociation>

Join us on www.facebook.com! AFMS-United States Air Force Medical Service Corps (MSC)

The Medical Service Corps facebook page was unveiled on 24 March 2011. Today the site has over 580 likes! It features functional area discussion threads, pictures, useful links, and messages from our Corps Chief. In addition, individuals are able to post questions and get answers directly from our Corps office and/or the Air Force Personnel Center. What a great way to leverage social media and showcase the great work of the AF Medical Service Corps to the public and those interested in joining our team! **You can access our page from the Kx MSC site.** Please share your current events and pictures for inclusion on our facebook page. (Send to emirza.gradiz@pentagon.af.mil)



Medical Readiness...What really works? Maj Pamel a Townsend-Atkins

In May, I attended the 2011 Global Medical Readiness Symposium, and what a wonderful conference it was this year! I wanted to know what the hot topics were in the medical planning field, so I sat through a few of the medical planning tracks. I observed a few of the young medical planners desperately looking for helpful ways to motivate personnel at their facility. As I sat and watched the dynamics in the room, I thought back to my Osan and Kadena days... wow, what a time we had! I asked myself, how did we do it, what could we have done differently and how would it have made it better for the future? What mentorship tools would have helped me get through this challenging, draining, frustrating, and sometimes overwhelming responsibility that I love so much? No really, I love medical planning. It is the best career in the Air Force, but that does not mean it is without challenges. Let me start by saying I do not have all the answers so please do not take this article as an answer to all your problems. I can only tell you what worked and did not work for my team. I know my fellow senior planners have many lessons learned so I encourage you to also share your experience so our young planners do not continue to make the same mistakes. Let's afford them an opportunity

to learn quickly and move our Air Force Medical Treatment Facilities to a whole new level in Medical Readiness Planning.

Teaming with the Executive Staff Worked

Each month our Medical Readiness Team was mindful of the Medical Readiness Staff Function (MRSF) meeting date. We backed that date up by two weeks to meet with the squadron commanders (SQ/CC). The week prior to the MRSF we met with the group commander (GP/CC) and invited our group superintendent to sit in. Each month, we updated a 6 part folder for our SQ/CC. This folder had everything he/she needed to know from training to UTC changes etc. Any open items identified in the MRSF that belonged specifically to him/her were also discussed. While the SGA, SGH and the SGN did not have folders, we checked to see if they had anything specific to readiness and we included them to ensure they were comfortable with current events. After all the SQ/CCs were briefed, we briefed the GP/CC on everything discussed. Again, invite the group superintendent (usually a Chief)! Chiefs have valuable input and they need awareness of what is happening in the facility. They will become your biggest advocate when issues come up across the base. These simple steps reduced our MRSF from 2.5 hour to an average of 1 hour. So what is

the Bottom Line Up Front (BLUF) : "Preparedness!"

What Did Not Work?

Do not brief anything at the MRSF for the first time, knowing it has not been discussed with your SQ/CCs first. This is a quick and sure way to lose leadership support.

Finding New Ways to Accomplish the Mission Worked

Assign your Contingency Teams to specific SQ/CCs. You, as the planner, should not spend your time chasing down Team Chiefs that refuse to do their job, but have just won CGO of the quarter...talk about a slap in the face! When you assign your Contingency Teams to a specific SQ/CC, the commander will hold them accountable. Remember to add your Contingency Team layout to your SQ/CC six part folder for their reference.

What Did Not Work?

Tracking down your Contingency Team Chiefs to say "we really need your Medical Contingency Response Plan updates" for a 3rd or 4th time or "we really need your training for the last few months." You will only run yourself into frustration.

Continued: Medical Readiness...What really works?

Maj Pamela Townsend-Atkins

Keep your SQ/CCs informed and let them speak to the importance of getting the task accomplished.

Having a Forum to Disseminate Information Worked

We held a monthly mandatory team chief meeting (approved in writing by the GP/CC) to discuss upcoming events, current events, and post events. We also held table tops and discussed other mitigation factors to improve our capability. We asked the SQ/CC to speak at the team chief meetings on occasion. As your best spokesperson, this helped get people excited about the importance of being ready. Also during the Team Chief meetings, our Medical Readiness Team took the opportunity to do a monthly review of all Contingency Team binders. Any binder not turned in was reported to the respective SQ/CC. Yes, document, document, document. My team established Medical Readiness individual and team awards. The award was submitted by the Contingency team chief and scored by the Executive Staff. This gave the Team Chiefs something to be proud of and it looked really good on quarterly award packages at the Wing level. BLUF: Mitigation! Address how you can reduce hazards and get the mission accomplished. Work with your Medical Readiness Team to create specific requirements that support your mission. This award should not be easy to win because it represents the best of the best in what we do. Invest in a spirit tro-

phy and create a certificate to support your award program. We used the monthly Commander's call to present our award because it was that special. Keep in mind, this was something the Executive Staff agreed to...as a Medical Group, we invested the time to do it right. Holding individuals accountable and providing the right reward will change things.

What Did Not Work?

Telling the inspector the Contingency Teams refused to bring you their binder.

Being Customer Focused Worked

Listening to the contingency team chiefs will help resolve many of their issues. Understand this is not their primary job, but it is an important job. When you get their attention, respect their time and talents. Try your best to work around their schedule even if it means staying a little late or coming in a little early. It sends a message that you are in it together. Listen to their concerns and try to resolve the issues within your control. Using your position to bring valid concerns to the attention of the SQ/CCs may help resolve many of the concerns.

What Did Not Work?

If you are sitting in the office waiting for things to happen YOU WILL FAIL! Get up, get out, find your hazards and

vulnerabilities. What is preventing personnel from accomplishing the mission? This is considered a hazard because if personnel are not trained, they are not ready. If personnel are not ready when our nation calls, this will have a negative impact on our Air Force (that is a toxic and dangerous poison!). The vulnerability is the impact on you, the Squadron, the Group, the Wing, and our Air Force mission.

Remember who you are...

You are an Air Force Medical Readiness Planner (The Best of the Best). It is your responsibility to prepare your unit, mitigate hazards even if it is personnel. Assess ways to resolve the issues and get to work. It does not matter if you are liked or not; what matters is that your unit is ready and stands proud to answer our call. What matters is your unit is prepared to execute our Air Force Core Values (Integrity First, Service Before Self and Excellence in all we do) in support of our nation. Only then can you be considered a successful planner. Get up, think outside the box, keep your leadership informed, and do what we do, MAKE IT HAPPEN!

"Yeah, that's what we do!"



Why reinvent the wheel?

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Working the knots out of the pipeline

Lt Col Michael Le Guerrero and Maj Michael Taplin

On 21 Feb 2011, two US Service Members were injured in a mounted IED blast. They arrived via MEDEVAC at Craig Joint Theater Hospital (CJTH), Bagram Airfield (BAF), Afghanistan, with lumbosacral fractures. Clinically, it was determined due to criticality of injuries and given both members maintained movement of their feet and bodily functions, aeromedical evacuation would worsen their condition resulting in paralysis.

The CJTH Neurosurgeon was consulted to perform surgery. However, due to a recent increase in MRAP injuries, the supply of spine-fixation supplies was depleted. A resupply order was placed on 16 Jan and again on 14 Feb, neither shipment had yet arrived.

CJTH Medical Logistics immediately engaged, taking a multi-pronged approach to acquire the critical assets. First, they engaged both Landstuhl Regional Medical Center (LRMC) and Balad Theater Hospital, to ascertain the availability of the respective hardware. Neither location used the same brand of surgical spine fixation system.

Simultaneously an emergency reach back order placed with both Kelly USA and USAMMCE SWA with expected delivery dates of 2-5 Mar and 14-18 Mar, respectively.

However, it was discovered that David Grant Medical Center (DGMC), Travis AFB, is the sole USAF facility with the same equipment set. Immediately, coordination between CJTH and David Grant Medical Center began.

As an interim measure, approximately \$42K of supplies, enough to perform four surgeries, were ordered by DGMC. The vendor shipped the items directly to DGMC on the morning of 24 Feb who then in-turn shipped the items on the same day via commercial tender to Bagram Air Field, Afghanistan.

On 25 Feb, with the aforementioned patients stable, yet too critical to move, two additional US Service Members ar-

rived at CJTH again with lumbosacral fractures from a mounted IED blast.

Finally, on 28 Feb, the critical supplies arrived on Bagram Air Field. The commercial tender partner engaged. In a team effort, they sorted through seven pallets,



approximately 70K pounds of supplies and equipment, locating the needed equipment.

Medical Logistics immediately turned over the package to the operating room staff to prepare for surgery. After over 20 hours of surgery, all four patients emerged consecutively from the operating room. Postoperatively, each patient was stabilized allowing transport to LRMC and on to Walter Reed Medical Center

without the danger of turbulent ground or air transport causing additional spinal cord damage resulting in permanent paraplegia. Currently, all members are receiving therapy and recovering satisfactorily in the United States after being afforded the best chance for recovery as a result of surgical spinal fixation within the AOR.

Bottomline: Patient care is the priority. Spinal fractures are becoming the signature injury of the Winter and Spring 2011 combat season. Given there is NO current cure for brain and spinal cord injury, timing is everything. Time equates to increased risk of paralysis and irreversible long term impacts. As a Theater Role 3 with neurosurgical capability, BAF is the pivotal location where the ability to operate provides the best chance for the members preservation of function and future mobility. The team showed tremendous innovative thinking to solve this unanticipated surge in demand as they leveraged all supply chain venues to support this critical surgical capability. Robust prospective measures have also been established to mitigate future clinical and/or logistical contingencies to avoid putting any of our troops at risk.

111th Congress
2d Session
H. RES. 1605

"Recognizes the service of the medical and air crews in helping our wounded warriors make the expeditious and safe trip home to the United States"

And

"Commends the personnel of the Air Force for their commitment to the well-being of all our service men and women."

SEVEN TENETS OF HIGHLY EFFECTIVE DEPLOYED LEADERS. . .

What Maxwell I and Covey wont teach you

Capt Amanda Lawson, Medical Readiness Flt/CC, 375th MDG

Capt Wade Evans , Medical Readiness Fellow, HQ AMC/SGX

Fitness Does Matter. The Air Force Physical Fitness Test (PFT) is a pre-deployment requirement for all personnel. However, the PFT is only a baseline--just because you score "Satisfactory" in those areas, does not mean that you are conditioned to wear your uniform and personal protective equipment (i.e., individual body armor) in 110 degree weather, while performing strenuous activity. As leaders, we expect personnel to perform their jobs and to meet the mission without exception; but, are we holding ourselves to the same standard? We all know that personal physical fitness requires regular exercise, a nutritious diet and healthy lifestyle choices. You control what you put in your mouth and how much you sweat. Most importantly, exercise is a proven stress reliever and vital component of resiliency.

Own Your Job. A deployment is not a punishment; rather, it's an opportunity to prove yourself and could be the highlight of your career. Upon arrival at your deployed location, you may have the luxury of turnover time. Or, you may find that your predecessor left a week before your arrival and your shop is in disarray. In either case, you are the leader and you are responsible. Own your obligations and responsibilities. People's lives, literally, are at stake in a deployed environment and you owe it to yourself and your unit to hit the ground running. A deployment is not a marathon, it's an all-out sprint for the duration from the moment you touch down on the ramp to the time you go wheels-up on your way home! No matter how insignificant the task at hand may seem, put forth maximum effort. Make no excuses and hold others—and yourself—accountable. No matter what it is or what location you're in, take your deployed role as seriously as you would any

other job.

It's Not Vegas. Since you live with your subordinates, peers and supervisors for 24/7 for six months or more, there's no hiding how you work, how you treat your people and what your priorities are while deployed. In HSA, we were instructed that our reputation began the day we started and would continue throughout our careers; it can take only a few moments to wreck a hard-earned reputa-



tion or make decisions that would impact your career. You will cross paths again and you'll be remembered either for your professionalism or for your buffoonery. Resist the urge to count the days... and make each day count!

It's Also Not the Wild West. Adhere to standards. It doesn't matter if you're at an Army or Air Force location, make it a point to learn the rules and follow them 100% of the time. Saluting and wearing reflective belts may seem like a drag, especially when your friends at another location don't have to, but you're supposed to set a positive example.

Don't Be "That Guy/Girl". When the shower water is cold or your quarters is noisy or dirty, remind yourself that things could always be worse. It doesn't matter if you prefer Hilton/Gucci accommoda-

tions; you have what you need to get through. Lower your expectations. Be an adult and be respectful to your roommates and co-workers. Gossiping and complaining is not okay because you're in a stressful environment. Police yourself and others; venting is okay, but when whining starts, quickly nip it in the bud. Focus on something else. Leaders are supposed to be positive role models!

People First & Always. Life happens—loved ones fall ill, relationships falter, illness and injury occur and moods sour. As a leader, you are responsible for the "care and feeding" of your personnel. At a minimum, know their names/home stations and personalities; engage them in conversations and activities, work hard to ensure there are venues for morale, whether it's movies/video games or weekly s'mores/BBQs. Be resourceful and show your people that, while the mission matters, they matter too.

It's ALL About the Mission!

We're not deployed to get in shape, finish PME or get more money. Our former boss, Maj Gen Doug Robb (now the Joint Staff Surgeon), has remarked many times that, "It's all about the patient!" Nothing is more important or worthy of our time and energy while deployed than those sick and injured Soldiers, Sailors, Airmen, Marines and coalition partners. We are each individually selected to deploy and counted on to effectively perform a mission. Because our deployed medics perform as such a high level, we can boast a >90% OEF/OIF survival rate (Source: <http://www.sg.af.mil>). In the end, deployments are why we wear the uniform. For medics, it really IS all about the patient!



Kandahar, Afghanistan



new Crew Bids Farewell to Predecessors, 380 EMDG

HSA CLASS '01-A turns 10

Maj Angel a blackwell

I recently received the news that one of our HSA "parents" - Lt Col Montse Edie-Korleski is retiring on 30 June 2011. Lt Col E-K started me out right at HSA and she continued to mentor me and make an amazing impact on my career throughout the years. Lt Col E-K's retirement announcement also inspired a flood of HSA memories. I sat marveling over the amazing changes that have occurred in our lives and careers since we rocked into Sheppard AFB in January of 2001 as Class '01-A. During my walk down memory lane, it



dawned on me that it's been 10 years since we graduated from HSA.

Just to give our class a little flashback, it's been: 10 years since we all slept through Franke's death by power point presentations; 10 years since Butterworth's "injury" (*inside joke...but VERY funny if you were there*); 10 years since a bunch of us tried to be cowboys and went horseback riding...not sure the horses all survived....10 years since Franke jumped up ON the desks...to wake up Bert, Estep and Joseph; 10 years since a somber day trip to the Oklahoma City Memorial; 10 years since I met the bossy heifer that was to become my dearest friend for life.

In 10 years, we have been reduced from a record class of 59 to 31 classmates. Out of the 31 that remain, 29 of us are prior enlisted and 15 had more than 10 years enlisted time. Yes, I'm even counting the Army/Navy converts (*Ivall, Spoon, and Onyenyonwu*), although they only get 50% credit for non-AF time served.

We've all accomplished so many amazing things and held jobs and responsibilities that are shaping the future of the AFMS. In 10 years, we've had (*just to name a few*): at least 18 serve at Air Staff (*some went there and never came out*); at least 15 serve on MAJCOM staff; at least 70% deployed, at least once and many twice or MORE (*hang in there Jeffers/Sales...welcome back Ryan*)... Countless news articles/pictures featuring '01-A members (*of course most of those belonged to George O.*), not to mention an untold number of awards and accolades (*...again, mostly George*)...one in-residence ACSC (*back to the books Jackie!*)...1 HSA instructor (*thanks for taking one for the team Dave!*)...one Joint Forces Command (maybe more...) and finally, one BTZ Lt Col select (*Feltenberger...leading the way!*).

Ten years ago a group of instructors, Franke, E-K, Murrell, Martinez, Sales and Jones, tried to set the initial mold for the

MSCs we were to become. Little did they know that most of us old Mustangs had been set in stone a long time ago by some wise-cracking, tough as nails, NCO. You remember those NCOs? The ones that didn't ask you about your feelings, wouldn't hesitate to provide "wall-to-wall" counseling when you faltered, kept the Lt's in line, and offered you a beer (and a ride home) at the end of the day. The AFMS sure could use some of those NCOs. Of course some of us WERE those NCOs. Now, we are the officers that are leading the way in the AFMS and I couldn't be more proud to stand beside you.

I have a lot of other memories and some pictures that I won't share...today. I'm very proud of Class 01-A, our collective accomplishments and the pride in the corps that has kept us in touch over the years. I know you'll continue to serve proudly.



HSA School house Team, Sheppard AFB



Capt Moreno leading the HSA challenge

It is what it is.

Philosophic words
imparted by the instructors

The End of an Era

Maj Andrew Herman, Director of Medical Service Corps Training

There were many mixed emotions felt on 30 June 2011. The graduation of HSA Class 11-D was a bitter-sweet moment for the Medical Service Corps. It was the end of a long era. The era of MSC training at Sheppard AFB, Wichita Falls, TX.

The Health Services Administration Schoolhouse (HSA) moved into Building 1922 on Sheppard AFB in 1966 from Gunter AFB, Alabama as part of a consolidation of medical training. Since the HSA Schoolhouse hosted its first class from June-September 1966 (HSA Class 66-B), every new Medical Service Corps Officer has walked through these doors. In that 45 year span, over 5,100 MSCs in 147 classes have trained in this Schoolhouse. HSA Class 11-D was the last and final class to receive initial skills training at this historic location.

While we are sad to say goodbye to so many fond memories, the historic graduation was a tremendous success. We were extremely grateful for the outpouring of support we received for the final graduation events. Thanks to sponsorship support from Humana Military Healthcare Services, TriWest Healthcare Alliance, and the MSC Association, we were able to host an open house on 29 June to allow MSCs to return once more to tour the Schoolhouse, followed by a reception to

fellowship with other guests and reminisce over HSA scrapbooks. Along with many former students, we had several former commanders, course directors, and instructors in attendance all sharing stories of their experiences during their tenure. It was clearly evident that the "HSA Schoolhouse," as Bldg 1922 is known, is one of the ties that bind all MSCs together.

The final graduation and dining out for the HSA Schoolhouse at Sheppard was held on Thursday, 30 June 11, with Brig Gen (Ret) Don Wagner, the ninth Corps Chief and first general officer for the Corps, serving as the guest speaker and Col Perry Cooper, the Director of the Medical Service Corps, serving as the President of the Mess. Along with Brig Gen (Ret) Wagner, several of our other former Corps Chiefs were also in attendance: Maj Gen (Ret) Michael Wyrick, Col (Ret) Frank Rohrbough, and Col (Ret) Stephen Meigs. The former Corp Chiefs sponsored a commemorative 'dining-out' spoon provided to each guest engraved with the final graduation date and the Corps badge. In keeping with dining-out tradition, the commemorative spoons were used to applaud during the festivities.

While the expression "Through these doors walks the future of the Medical Service Corps" will no longer be heard at Sheppard, it is merely just the end of a

chapter. The next chapter in the MSC legacy is already beginning at Fort Sam Houston and through a new set of doors will walk the future of the Medical Service Corps. While we will continue cherish our past and our roots, we are optimistic about the move and what it will bring to the future of our Corps.

As the first HSA Course Director at Fort Sam Houston, San Antonio, TX, I am extremely honored to be able carry our legacy and traditions forward. Please stay tuned for more information on HSA's transition to San Antonio and upcoming events surrounding our historic First San Antonio Graduation. For more information, please see the links below or contact me at DSN 420-5390.

Please join HSA's Facebook page at www.facebook.com/msc.hsa to view Brig Gen (Ret) Don Wagner final graduation speech and photos of the final graduation events.

For new student info and course dates: <https://kx.afms.mil/hsa>.

For information on METC: www.metc.mil



LAST HSA CLASS "11-D"
at
Sheppard AFB



Student perspective of the Army-Baylor MBA/MHA Capt Brian Allen and 1Lt Angel Vargas

In the ever-increasing joint medical environment, there is a growing need for healthcare leaders to have advanced knowledge and skills in healthcare management. This knowledge will no doubt aid in developing innovative solutions that can be applied to all services. The Army-Baylor program provides these tools, and more, through a myriad of academic courses, experiences, and challenges. The MHA or MHA/MBA programs are comprised of a one-year didactic phase and a one-year residency phase which can be done in either a military treatment facility or a civilian organization. Upon completion, students leave with the knowledge, skills, and experience to be better, more effective leaders, in the Department of Defense's health care system.

The atmosphere at Army-Baylor combines the discipline of the military environment with the freedom and responsibility of a civilian academic study program. There is no organized PT (standard PT test still apply), and apart from your uniform being worn 2-3 days per week, you are in an academic environment that encourages opinion, innovative thought, and open debate. Unlike most civilian programs, where your fellow classmates are generally fresh out of their undergraduate degree, over 90% of the class come with 4-15 years hands-on practical experience from the Army, Coast Guard, VA or DoD civilian ranks, bringing an unquestionable benefit to your learning experience.

The academic phase is challenging because of the abbreviated academic time frame and heavy course load. The program requires students to complete all academic requirements in one year, compared to the 15-24 months allowed in most civilian programs. Students may pursue an MHA only degree, or a joint MBA/MHA. Regardless of which path a student decides, the first two semesters

are very intense with 11-week semesters requiring 17-18 credit hours. The pace for MHA only students eventually level out into 11-credit hour block, while the joint degree students maintain an 18-credit hour load until semester five.



Capt Sarah Lindsey was the recipient of the Army-Baylor Alumni Association award for demonstrated academic proficiency, leadership and class/community involvement. She was selected out of 51 students eligible for this honor.

The academic material covers a wide range of subjects from U.S. healthcare systems to quantitative statistics to healthcare policy. The goal of the program is to give students a strong academic background in a diverse range of healthcare competencies, followed by a residency that strengthens those knowledge competencies with hands-on experience. The academic setting is unique, because with only 40-60 students, there is opportunity for direct one-on-one access with faculty who are willing to spend as much time as needed to ensure you comprehend the subject matter.

One of the most distinct opportunities of this program is the ability to complete the residency requirement in a civilian healthcare organization. During the residency, students are afforded the opportunity to work in world-class civilian healthcare organizations, so that the best practices of the civilian sector can be brought back to benefit patients we serve in military treatment facilities. Historically, residency locations for Air Force students included the Mayo Clinic, Cleveland Clinic, Johns Hopkins, and the Baptist Medical System. This year, our students have been accepted to a diverse range of world-class facilities to include Johns Hopkins in Maryland, Kaiser Permanente in Southern California, University of Texas Health Science Center at San Antonio, and the Oklahoma University Children's Hospital in Oklahoma City.

Often, many people associate military sponsored education with sub-optimal standards and limited opportunities when compared to the civilian sector. However, we think the numbers and data speak for themselves. The Army-Baylor program was recently named #11 by *U.S. World News and World Reports* for MHA programs across the country and our residency locations are among some of the most sought after locations for MHA students around the world.

Finally, the most valuable part of this experience is the ability to form relationships with future leaders of the Army, Navy, Coast Guard, and VA Medical Systems. It is true that anyone can go get an advanced degree that will provide valuable knowledge and enhance one's ability to become more effective healthcare leaders. But, the Army-Baylor program does so while also providing students the opportunity to work with officers and civilians in our sister-services. This helps secure long-lasting relationships that will provide invaluable dividends as we continue to improve the delivery of healthcare in the military health system.

The Mayo Clinic Health System Major Paul Jones

As I reflect on the past 10 months of my Education With Industry assignment, I am truly amazed at the opportunities that were made available to me and the lessons I have learned. The CEO of the hospital directed me to get involved in any project or team that might be of interest to me and/or beneficial to the USAF. With that open invitation, I spent most of my time studying operating room utilization, emergency department efficiencies, and orthopedic clinical issues. It was fascinating to observe multiple surgeries in the operating rooms, respond on ambulance calls, and transport patients throughout the region alongside the Flight Nurse and Paramedic in the Mayo One helicopter. I participated in a Joint Commission Inspection and worked as a team leader on various clinical and non-clinical

projects. I was one of five members of the hospital's collective bargaining committee, where we negotiated with Union Representatives and worked with Federal Mediators to resolve complex issues. At special invitation, I sat on the board for the Minnesota chapter of the American College of Healthcare Executives, where I was personally mentored by multiple CEOs in the region. By showing an interest and taking the initiative, I was able to experience countless learning opportunities and make a positive impact on the Mayo organization during my time with them.

There are various reasons why this assignment was so successful. I would like to highlight two primary factors that I believe led to my success. First, this opportunity would not have been possible without key military leaders taking the

time out of their busy schedules to mentor me. My MDSS/CC and SGA discussed with me the benefits of an EWI and why I was a good candidate for the program. Second, once I was notified of my assignment to Minnesota, I contacted the MSC officers who had been to this particular EWI and asked them multiple questions, including: What should I expect? What worked? What didn't? If you could do it all over, what would you do differently? With the advice they shared with me from their own experience, I was able to maximize my time working with Mayo. The lessons I learned in this program will not only assist me and my colleagues in my follow-on assignments, but the experiences will benefit others well beyond the scope of my military career.

Knowledge Is Power AWARENESS IS KEY... Some things you may want to know

SELECTIVE CONTINUATION

A recent Air Force Times cover story was on selective continuation. The title read "157 Majors Fired Out of the Blue". The article was written from the viewpoint of non-selected Majors but was balanced with examples of what the Air Force provided to make them aware and what they felt was not enough information to understand the impact of selective continuation.

Selective continuation for twice deferred Captains and Majors may continue as the Air Force continues effort to size the force to the Congressionally mandated end strength.

AFPC is your resource to ask questions about selective continuation. They post Q&As on https://gum-crm.csd.disa.mil/app/answers/detail/a_id/17924

TUITION ASSISTANCE FOR SECOND MASTERS DEGREE IN LANGUAGE STUDIES

Memorandum dated 18 June 2008 from AF/A1DLV to all MAJCOM EDUCATION TRAINING DIRECTORS announced military tuition assistance (TA) for a second masters degree in Foreign Language or International Relations with SAF/IAPA approval. TA is available to officers with 15 years or less of TAFCS.

This applies to MSCs that are currently or may be interested in International Health Studies. The officer must email SAF/IAPA directly to request review of degree choice and the SAF/IAPA will notify the officer of approval/disapproval.

Interested officers should contact their base Education & Training.

WHAT IS AN MSC ASSOCIATE CORPS CHIEF (ACC)?

ACCs are individuals who have been selected for their expertise in a functional area and are the leaders, guides, advocates, mentors and consultants for that function. ACCs form part of the Senior MSC Council and are heavily engaged in the Developmental Team (DT)—which selects individuals for development opportunities (EWI, AFIT, Fellowships), IDE/SDE, and career vectoring. Your leaders are:

Administrator/AFMOA: Col K. Dexter
RMO: Col B. Cecil/Col(s) S. Pietrykowski
Health Facilities: Col R. Langston
Health Plans Mgt: Col J. Sperl
IM/IT: Col J. Zarate
Med Logistics: Col D. Faust
Med Readiness/AE: Col T. Tenney/Col B. Tyra



Silver Flag Exercise, Tyndall AFB



North region health benefits team, AFMOA
Maj dwana metzger, Maj nora ashby, MSgt Yolanda barber
Mr. Curtis and Mr, Serrano

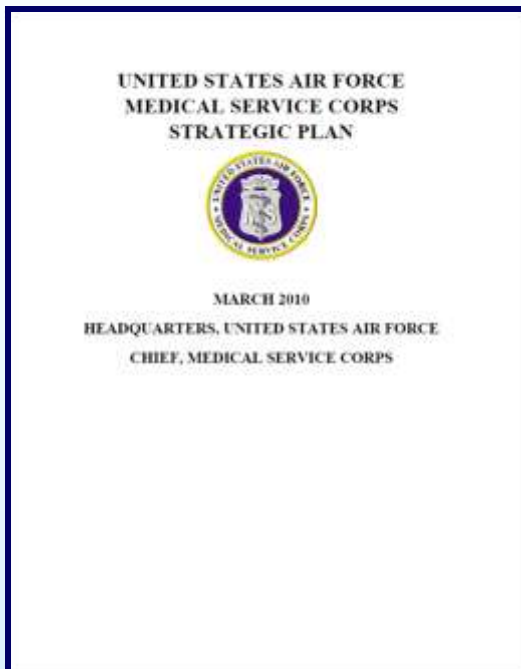


(left to right)
MSC Fellow 2009 (Lt Col Gigi Simko)
MSC Fellow 2010 (Maj Kelly Lesnick)
MSC Fellow 2011 (Capt Emirza Gradiz)



Brig Gen Miller and 4As, Scott AFB

To every man [person], there comes in his lifetime that special moment when he is figuratively tapped on the shoulder and offered a chance to do a very special thing, unique to him and fitted to his talents. What a tragedy if that moment finds him unprepared or unqualified for that which would be his finest hour— Sir Winston Churchill



"In the coming years, our Nation and our Air Force will face a budget environment unlike anything we have encountered in decades," he said. "As elected officials consider what to do about the growing federal debt, pressure will mount to reduce defense spending.."

Full story on AF Portal (www.my.af.mil)